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ABSTRACT

The abuse of addictive substances in Germany is a growing concern. Three strategies have been taken against drug abuse. They include: (1) prevention and education; (2) treatment and rehabilitation; and (3) criminal prosecution of drugs production and trade. Germany also cooperates in the fight against drugs in all leading international bodies. This reports describes the scale of the addiction problem in Germany and the efforts taken to prevent drug use. It explains the treatment and substitution programs available including anti-addiction therapy in hospitals and heroin-supported treatment. A follow-up social work cooperation model is presented along with a description of legislative and police work against drug trading. (Contains 11 references with Web sites that provide further information.) (Author/JDM)

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Strategies against drugs

by

Birgit Metzler

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Summary

There is a great deal of abuse of addictive substances in Germany, of both legal and illegal drugs. Addiction is regarded as an illness here and thus must be combated by all available means. Germany takes a three-pronged approach in its strategies against drug abuse: prevention and education, treatment and rehabilitation of addicts and criminal prosecution of drugs production and trade. Germany also cooperates in the fight against drugs in all leading international bodies.

Birgit Metzler is a freelance journalist based in Bonn who writes on current affairs for newspapers and radio.

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"Drug addicts are ill persons"

"When everyone realises that drug addiction is an illness, drugs will lose much of their fascination."

Christa Nickels, the Federal government's Special Commissioner for Drugs

Introduction – The scale of addiction in Germany

The trainer-designate of Germany's national football team is suspected of having taken cocaine. A juryman with an alcohol problem hinders a court case on a fatal fire at Düsseldorf Airport. The two cases last year highlighted the discussion on the drugs problem in Germany. But besides such headline-making cases there is an enormous amount of dangerous abuse of addictive substances in Germany.

According to the German Centre Against Addiction Dangers (DHS), 250,000 to 300,000 people in Germany use illegal drugs. Some 100,000 to 150,000 of them are addicts. But far more Germans are addicted to other substances. About four million consume alcohol in quantities that have adverse effects on their health. More than two million people are truly alcoholic. Of Germany's some 18 million smokers, one-third classify themselves as addicted to nicotine. And 1.4 million medication addicts contribute to a drugs statistics table which reveals another wealth of addictions, such as a craving for food and compulsive gambling. Although the number of first-time users of hard drugs in Germany dropped slightly in 1999 to 20,573, drugs-related deaths rose for the third year running, to 1,812. So there is no reason for an 'all-clear' signal.

First-time users of illegal drugs in 1999

Heroin	(33.0%)
Cocaine	(23.7%)
Amphetamine	(26.2%)
Ecstasy	(13.3%)
LSD	(3.1%)

"Flight into addiction" – the origin of dependence

Hard drugs are not the only substances banned by Germany's Federal drug law. It also covers all other substances that can cause physical and psychological dependency, such as alcohol and nicotine. Legal drugs, too, affect the central nervous system (brain and spinal cord) and thereby change a person's state of consciousness and mood. Drugs affect perception, feelings, drive and actions.

How addiction and dependence arise is still not absolutely clear, particularly since drugs can satisfy the craving for disparate states of mind or physical sensations. They cause pleasant hallucinations, deaden pain and put people to sleep, or they help them lose their inhibitions, get them 'high', produce euphoria and boost sociability. The borders between enjoyment and abuse are not clearly definable. But addiction and dependence is always in place if someone believes they can no longer do without a certain drug. That applies whether they fear physical withdrawal symptoms, that the drug is used as a supposed problem-solver, or that life is no longer worthwhile without it. All drugs affect the human brain's 'reward centre'. In healthy people, this function is carried out by endorphins, which are released when they enjoy a sense of achievement or human warmth, affection and security.

"Leave drugs alone is easily said, but what should you do with no apprenticeship, no job and no money. Drugs at least help you to forget the whole thing."

Kurt M., 20, unemployed

People going through a situation of radical change are especially susceptible to drugs. They include teenagers making the transition from childhood to adulthood, which faces them with difficult tasks before their personality structures are fully formed.

Academics believe there has never been a totally abstinent society in history. But dealing with drugs has always been regulated differently from one society to another. In the strict Islamic society, for example, alcohol is not permitted, while use of cannabis products is approved. As late as the 19th century, cannabis was a main part of western household medicine chests and used to treat various ailments. With the rise of modern pharmacology the therapeutic qualities of the hemp plant faded into the background, while its abuse as a drug came strongly to the fore.

"Against the flight into addiction"

At the Federal government level in Germany, the drugs problem is one of the areas of responsibility of the Ministry for Health (BMG). In line with the motto "Addiction is an illness", the government's special commissioner for drugs focuses on prevention and education and helping addicts. Promising approaches to preventing addiction have been developed in Germany, and the country also has a high-quality system for treating addicts. In 1999, the BMG spent DM 23.8 million on measures in the 'Addiction and Drugs' sector, of which DM 12.9 million went on preventive measures alone.

Prevention through education

The main strategy to protect young people from harm is as part of health education to help them develop a strong awareness of health and responsibility. Whoever also acquires during their childhood a stable basis for self-confidence is immune to drug addiction.

> "It is a sad fact that drugs exist, but that alone does make you an addict."
>
> BZgA message

Education on and prevention of addiction and drug abuse is one of the key working areas of the Federal Centre for Health Education (BZgA), which comes under the Health Ministry. The BZgA addresses children and teenagers, parents, teachers, social workers and doctors. It has developed an extensive multimedia offer including feature films and documentaries, brochures and teaching aids, runs poster actions and advertising campaigns, and organises travelling exhibitions aimed at preventing addiction. The BZgA also offers a nationwide drugs hotline for individual advice.

A great number of both government and private sector anti-drugs projects, campaigns and initiatives has developed in Germany.

The BZgA's education campaign "Make Children Strong" is addressed not only to children and teenagers but also to all adults who have contact with them. Behind concepts such as longing, personal freedom, trust and adventure are the needs of children and teenagers, which have a major influence on the development of a strong personality. The campaign's detailed information about drugs, a brochure series for parents and a youth magazine series give tips for a life that enables children to solve

everyday problems and tasks under the protection of their parents and without the use of drugs.

In 1996, young drunken drivers caused more than one-third of road accidents in Germany involving personal injury. Against this background, the Federal Ministry for Transport (BMV) launched a campaign against drinking and driving. Young men and women aged 18-24 in 17 districts in 12 federal states were sent a letter with an educational brochure aimed at persuading them not to drive while under the influence of alcohol.

'Eve&Rave', in Münster, Westphalia, is part of a nationwide network initiative that carries out education actions on drugs in the techno music scene. The project, modelled on one in Berlin, was founded in 1996. It focuses on work on-site, with information stands on so-called party drugs. The project is more about providing education and advice than demonising drugs.

'drugscouts' is an initiative in the eastern German state of Saxony launched by young people themselves which gets to grips with the problems drug use can cause. Teenagers take a lot of risks in using drugs. Because their use of drugs is mostly a limited phase, information on the impacts of drugs, including their side-effects and long-term consequences, can be an effective protection against 'drug accidents' and reduce harm to their health. Targeted education on both dangerous and low-risk forms of use of illegal and legal drugs is the focus of this initiative's work.

A poster action by the German Sports Federation (DSB), "Who makes our children strong against drugs?", makes clear that sports associations fulfil a preventive function against drug abuse. Experiencing teamwork as well as individuality, and failure as well as success is important for later saying "no" to drugs.

"Every addiction is different" – measures for the affected

"Just as little as we know the drug addicts, so there is no ready-made solution for all cases. We need target group-specific offers and a broad coalition: anti-drug and youth welfare services, psychiatry and medicine, social services. They and others must input their experience and develop joint solutions."

Rolf Hüllinghorst, DHS General Manager

The principle of 'Help before punishment' is gaining ever more weight in Germany. More and more people agree that addicts should not have to live under the threat of prosecution. But, said former Federal Health Minister Andrea Fischer: "That does not mean that prosecution of illegal drug dealing will be neglected." In the fight against addiction and drugs, the German Federal, state and local governments are developing an ever denser network of offers of help for addicts.

"Do you think I enjoy living on the street? But I can't kick the habit."

Rüdiger P., 31, junkie

'Fixer' rooms

As the first German city to do so, Frankfurt am Main in 1992 set up seven 'fixer' rooms where addicts could inject themselves with heroin under hygienic conditions and heath service supervision. After that the number of drugs-related deaths in Frankfurt dropped from 147 in 1991 to 47 in 1995. The spread of Aids was practically stopped, and drugs-related crime also declined. Other German cities have followed Frankfurt's bold example. For a long time, anyone who practised this form of survival aid had one foot in jail. Only now, with the third amendment to the Federal drugs law, has the legal basis for operating 'fixer' rooms been put in place. It also gives legal security to the workers of organisations that help addicts.

Setting up 'fixer' rooms is aimed at breaking the vicious circle of destructive social links, impoverishment, jail and physical decay, and making survival easier. Drug advisory services are provided on-site, thus reaching many addicts for the first time. At the same time, the rooms protect the environment from the dangers of public drug use. Syringes discarded at children's playgrounds, for instance, result in sharp criticism of the measures used in the fight against drugs.

The law sets 10 minimum requirements for 'fixer' rooms, which cover mainly health questions and safety and control in the use of drugs the addicts bring with them. The ultimate responsibility for the rooms is carried by the federal states. They, too, must take off their ideological blinkers and ensure that the organisations that help addicts can offer them this basic assistance in a legally secure form.

'Gleis 1' (Platform 1), close to the railway station in Wuppertal, North Rhine-Westphalia, is an anti-drugs aid and contact centre and drugs therapy outpatients' department, and offers immediate help to drugs users. It also has a fully-equipped 'fixer' room. The centre's work is aimed at helping addicts survive, limiting damage and encouraging self-help. It has a pleasant café atmosphere and offers food and drink at cost prices. There are also showers, washing machines and a changing room. The centre's staff provide counselling on health, exchange new syringes for old, give advice on substitution, help in crises, deliver social work assistance in individual cases, and arrange medical and psychiatric treatment. They also organise places at detoxification centres and arrange on-the-spot help as well as regular counselling on withdrawal and detoxification by a doctor at a specialist clinic.

Substitution

Substitution by methadone, codeine and other substances is a therapeutic option for treating narcotics dependency. Methadone, a narcotic analgesic drug, is a substitute for heroin. It prevents the feared withdrawal symptoms because it occupies the same receptors, the sensory nerve endings in the brain, as do narcotics. Methadone must be taken once a day under a doctor's supervision. Since 1998, a 'take-home' rule has facilitated substitution by addicts. In this connection, it was noted that methadone prescribed by doctors was turning up on the illegal market. In 1999, a total of 323 drug users who died had also taken methadone. Methadone on the grey market was possible because drugs patients obtained it from several doctors at the same time. That is now to be prevented by the introduction of a central substitution register and special qualification for doctors prescribing substitutions. Methadone therapy is paid for by health insurance schemes. Other substitution substances are codeine (officially a cough medicine), and anti-addiction medications such as Naltrexon and Acampostrat, which are tested regularly for their suitability as substitutes.

"In Germany, since a ruling by the Federal Social Court of June 18, 1968, substance dependency, meaning here addiction to alcohol, medications and drugs, is recognised by social law as an illness."

Heroin-supported treatment

A model project was launched in the fourth quarter of 2000 for long-term narcotics addicts who have made several unsuccessful attempts to kick the habit with abstinence-based therapy and also cannot be stabilised by substitution. The initial aim is

to carry out a clinical study on out-patient treatment with medication containing heroin. This is to determine whether these addicts can be:

- stabilised in health and social terms;
- integrated in the assistance system on a binding basis;
- retained in the assistance system; and
- motivated to accept ongoing therapy.

Seven German cities - Hamburg, Hanover, Cologne, Essen, Frankfurt, Karlsruhe and Munich - and about 700 patients are taking part in the project.

Follow-up social work cooperation model

Chronic and multiple-affected addicts are a seriously burdened group. They have used addictive substances such as alcohol and illegal drugs for many years and in highly risky ways. They often have several serious addiction-related ailments and many social problems, and mostly have taken up unsuccessfully several offers to help them. From 1995 to the end of 2000 the assistance offer for these addicts was also run initially as a model project. Local coordinators and case managers at anti-addiction centres in the federal states were to achieve an optimal networking of individual aid.

Anti-addiction therapy in hospitals

Anti-addiction assistance was set up in general hospitals in 11 German cities between 1994 and 1998. This new form of cooperation at the interface between the in-patient system and out-patient drug and other addiction therapy addresses people with addiction problems by including external experts as well as doctors and nurses.

Therapy begins with physical withdrawal, which usually lasts four to six weeks and is accompanied by 'flu-like symptoms. Because the patients' cramps and collapse of their blood circulation systems can be life-threatening, they must stay in hospital while they are detoxified. That phase is followed by long-term therapy of six to 12 months in a special clinic for addictions. Usually, patients are subject to a strictly regulated daily routine, are not allowed out, have fixed times for eating, sleeping and working, and must take part in group and individual therapy sessions.

During the therapy, follow-up facilities can help transition from isolation to a normal and drugs-free life. Thus, the Phoenix House, in Bonn, run by a non-profit organisation, supports former addicts step-by-step on their way to self-responsibility and independence. The facility offers for six months serviced accommodation, help in finding work and a home, catching up on school-leaving qualifications, and the building-up of a circle of friends and acquaintances. A fulltime staff of five, made up of graduate educators, a social worker and a woman doctor, are available around-the-clock for counselling, therapy and intervention in crises. The centre places particular importance in its clients rediscovering their creativity, interests and capabilities.

German organisations that implement drug advice centres and therapy facilities include the churches, charitable bodies, and non-profit institutions and companies. There are also about 8,000 self-help groups around the country. In 1999, organisations and associations linked with the DHS received a total of DM 2 million in Federal government funds.

The government in 1999 also allocated DM 2.3 million to research into further strategies against drugs. The aim is to develop and test new ways to prevent addiction and examine other possibilities of treating and reintegrating drug addicts in society. In addition, close cooperation is aimed at between universities and other research institutions in basic medical and psychological research into the origin of addiction.

Legislation, police, judiciary

In Germany, all drugs containing vegetable, animal or chemical-synthetic substances whose possession, production and passing on is banned by the Federal Drugs Act are illegal. These include hashish, marijuana, heroin, LSD, cocaine and 'crack'. The Federal Health Ministry is also empowered to incorporate in the Act synthetic designer drugs, such as Ecstasy, of which new variants surface continually, immediately and initially without approval of the Bundesrat, the second chamber of Federal Parliament which represents the 16 federal states.

Time and again, the debate on drugs in Germany is marked by calls for the legalisation of certain drugs. In December 1999, eight seriously ill people lodged a complaint with the Federal Constitutional Court seeking a ruling that cannabis products could be used to alleviate their suffering without fear of prosecution. For formal reasons the

court declined to accept the case. But one of the complainants' lawyers remained optimistic, saying: "Despite its non-acceptance of the case, the court's ruling shows that it takes seriously the option of medical treatment with cannabis and is anxious to point out a feasible way to it."

Anti-drugs policy in Germany must fall in line with the International Agreement on Addictive Drugs. A goal of the German Federal government's 'Policy Against Drugs' is to curb drug abuse by consistently penalising the production, smuggling and possession of drugs for commercial purposes. A law to combat the illegal drugs trade and other forms of organised crime came into force in Germany in 1992. National crime statistics of the Federal Criminal Bureau (BKA) for 1999 showed that the states of Bremen, Hamburg, North Rhine-Westphalia and Rhineland-Palatinate led Germany in drug offence frequency. The 'capitals' (cases per 100,000 inhabitants) of drug-related crime were Augsburg, Hamburg and Stuttgart. There was a total of 226,563 drugs-related crime cases in Germany, with cannabis involved in more than half of them. Seven illegal drugs laboratories were discovered in Germany in 1999.

State	Total registered cases / Frequency figure
Baden-Württemberg	27 944 / 268
Bavaria	34 567 / 286
Berlin	10 014 / 295
Brandenburg	4 757 / 184
Bremen	3 944 / 590
Hamburg	13 101 / 771
Hesse	14 259 / 236
Mecklenburg-Vorpommern	2 790 / 155
Lower Saxony	20 688 / 263
North Rhine-Westphalia	57 659 / 321
Rhineland-Palatinate	11 992 / 298
Saarland	2 234 / 208
Saxony	6 363 / 142
Saxony-Anhalt	5 781 / 216
Schleswig-Holstein	6 714 / 243
Thuringia	3 756 / 153
Germany overall	226 563 / 276
'Old' states incl. Berlin	203 116 / 299
'New' eastern states	23 447 / 167

Special laws are required for the legal drugs sector to counter abuse and its consequences. People who drive with a blood alcohol value of more than 0.5 per thousand face a driving ban. The fight against alcoholism is also served by a section of the law covering restaurants, pubs and bars which rules that at least one non-alcoholic drink must not be more expensive than the cheapest beverage containing alcohol. That is aimed at giving young people, who often must count their money carefully, the chance to order non-alcoholic refreshment instead of beer, which in Germany is usually the cheapest drink on offer. The notice 'The EU health ministers warn: Smoking endangers health' has long been printed on cigarette packs. In future, a similar message is to be printed on bottles of hard liquor. In addition, the German Federal government's Special Commissioner for Drugs calls on the tobacco and alcoholic beverage industries to

voluntarily stop advertising their products. But the most popular detective films or major sports events on German television are now sponsored by beer companies. So getting them to respond will probably be difficult to achieve.

Most of the drugs trade in Germany is organised by gangs that operate internationally. The police and Customs work closely together to fight these drug cartels. Many officers receive special training as narcotics agents, and sniffer dogs support their work at major border crossings, airports and seaports.

International cooperation

Within the framework of the United Nations, Germany is active in all bodies that promote and steer cooperation in the anti-drugs sector. The UN Commission on Narcotic Drugs (CND) meets yearly. In 1999 its main agenda was the implementation of agreed action plans in the drugs sector. These plans lay down joint targets in reducing drug abuse and illegal drug supply which every member country is to realise in two stages between 2003 and 2008. Germany, which held the rotating Presidency of the Council of Europe in the first half of 1999, coordinated the EU position and represented it vis-à-vis the UN.

Also in 1999, a delegation of the UN International Narcotics Control Bureau (INCB) visited Germany. Talks on the drugs situation and current anti-drugs projects were held in Bonn, Berlin and Frankfurt with the Federal Health Minister and the Federal government's Special Commissioner for Drugs.

Within the European Union, its Horizontal Drugs Group (HDG) is responsible for anti-drugs policy. Under German chairmanship, its work in 1999 included completion of negotiations on the EU's action plan against drugs for Latin America and the Caribbean region. Development of an action plan for Central Asia was continued. Both plans provide the basis for effective drugs control and alternative development in both cultivation regions, as well as for reducing the flow of drugs to Europe.

Within the framework of the Council of Europe, Germany works in the Pompidou Group, which was founded in 1971 by the then French President Georges Pompidou. Group membership is voluntary, and Germany has been a full member from the start.

The group's key topics in 1999 were 'Drugs and road traffic', 'New trends in drug use', 'Drug prevention' and 'Pregnancy and drug abuse'.

The World Health Organisation (WHO) was commissioned in 1999 to negotiate an international framework convention on tobacco controls, and a total of 110 countries, including Germany, took part in the negotiations. Also in 1999, as part of the 'Third action plan for a tobacco-free Europe 1997-2001' the WHO regional office for Europe founded the 'WHO partnership project on tobacco dependency'. Germany, Britain, France and Poland are taking part in the project. It aims to create or enhance structures for sustainable promotion of non-smoking and fix the subject of smoking more in the public mind. One of its key areas is dissemination of health information to smokers in a bid to boost their motivation to stop. The Federal Centre for Health Education has developed material aimed at making it easier for smokers to quit.

Also in 1999, the Director of the European Monitoring Office for Drugs and Drug Addiction presented its fourth annual report, which each year is based on the EU member countries' yearly reports on their national drugs situations. That places the joint EU strategy in dealing with the drugs problem on a reliable basis and points up new anti-drugs methods being used in individual countries.

Germany's concept of 'Drugs and Development' pursued as part of its development cooperation is based on the assumption that drugs and development problems are closely intertwined. Drugs control is thus also a task of development cooperation. The Federal Ministry for Economic Cooperation and Development (BMZ) promotes this approach not only via bilateral technical and financial cooperation. It also cooperates with multilateral organisations such as the UN International Drug Control Programme (UNDCP) and participates actively in international forums such as the UN Special General Assembly on anti-drugs policy (UNGASS) which was held in New York in 1998. The BMZ also promotes around the world measures aimed at the social and economic causes of the drug problem. On behalf of the BMZ, the German Agency for Technical Cooperation (GTZ) also promotes the ministry's 'Drugs and Development' concept in many sectors.

IN Press

"The most important preconditions for effective and sustained assistance are the ongoing public debate on addiction and drugs and open-minded readiness to talk with all those in responsible positions on ways and means to help."

Former Federal Health Minister Andrea Fischer

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Would you like to know more?

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